| Standark Form<br>Form pre<br>Comptroller<br>Exptemb<br>(Gen, Rey. No.<br>(Amended Fe | scribed by App<br>General, U. S.<br>General, U. S.<br>51, Supp. No. 11)<br>bruary 20, 1952) | roved For Balgaseo<br>SERVICE  | COMER/FOR S<br>S OTHER TH  |                 |                    |                        | . Vou. No.                           | 220                      |             |         |  |
|--|---|--|--|-----------------|--------------------|------------------------|--------------------------------------|--------------------------|-------------|---------|--|
|  |   | rsable   |  |                 |                    |                        | <del></del>                          | DAT                      | D DV        |         |  |
| U. S. Gost Reimbursable (Department, bureau, or establishment)                       |   |  |  |                 |                    |                        | PAID BY                              |                          |             |         |  |
| Voucher prep   | ared at   |  | (Give place and date)  |                 |                    |                        | -                                    | -                        |             |         |  |
| the united s   | STATES, Dr.,  | Payee's Account No856  |  |                 |                    |                        |                                      | SAPC 53 62<br>COPY / OFZ |             |         |  |
| To   |   |  | :  |                 |                    |                        |                                      |                          |             |         |  |
|  | •   | (Paye  | e) .   |                 |                    | •                      |                                      |                          |             | 1       |  |
|  | (Ad   | dress)   | (City)   | (S              | tate)              |                        | _                                    |                          |             |         |  |
| No. and Date of<br>Order   | Date of Delivery<br>or Service  | schedule, and other information defined necessary)   |  |                 | QUANTITY           | UNIT                   | PRICE<br>Per                         | AMOUNT Dollars Cts.      |             |         |  |
| -  |   | Discount Terms   |  | <del></del>     |                    | -                      |                                      |                          | 7 02/       | 51      |  |
|  |   | Fixed Fee  |  | *               |                    | }                      |                                      |                          | 1,934.      | 54      |  |
|  |   |  |  |                 |                    |                        |                                      | }                        |             |         |  |
|  |   |  |  |                 |                    |                        |                                      |                          |             |         |  |
|  |   | je w   |  |                 |                    |                        |                                      |                          |             | 1       |  |
| PAYMENT:   |   |  |  | • .             |                    |                        |                                      |                          | . *         |         |  |
| Complete  Partial  |   |  |  |                 |                    |                        |                                      |                          |             |         |  |
| Final  |   | Use continu  | uation sheet(s) if nec   | essary          |                    |                        |                                      |                          |             |         |  |
| Shipped from   |   | to Weig  | ht   | Government E    |                    |                        | <del></del>                          | Total                    | 1,934.      | 54      |  |
| certify that the   | above bill is correc  | t and just and that payment  | has not been receive   | d.              |                    | ee must NO             |                                      | space)                   |             |         |  |
| STA  | TINTL   | (Sign original only)   |  |                 | Differer           | 1CC5                   |                                      |                          |             | :       |  |
| <u> </u>   | (III )  |  |  | <b>-</b>        |                    |                        | ··                                   |                          |             | -       |  |
| Date   |   |  |  | l or hills)     |                    | unt verified;          | (1)                                  | /                        | 1,934       | 5       |  |
| Per  | 1107  |  | P N-   |                 |                    | nature or init<br>Date |                                      | nvoice Rec'o             |             |         |  |
| Contract No.   | ALOI  | Date   | Req. No.   |                 | <del>-      </del> | A                      |                                      |                          | ,/ ,        |         |  |
| _  | rity vested in me,  | I certify that this account is o   | correct and proper fo  | r payment.      |                    |                        |                                      | レク                       | 62/         | , _     |  |
| † Ap   |   |  |  | †               |                    | (Authori               | z <b>ed</b> Dertify                  | ing Officery             | 20/54       | <u></u> |  |
| n  |   | ¥/   | SIGN<br>ORIGINAL   | Title           |                    |                        | IJ                                   | STAT                     | INTL        |         |  |
| CONTRA   | CTING OFFI  | CER  | CONLY  | 1110 2222       |                    |                        |                                      |                          |             |         |  |
| Title  |   | STATINTL   |  | Date            |                    |                        |                                      |                          |             |         |  |
|  | THE REVERSE OF T  | HIS FORM MUST BE EXECUTED WHEN   | PURCHASES ARE MADE   | OR SERVICES SEC | URED WITH          | OUT WRITTEN            | AGREEMENT I                          | N ANY FORM               |             |         |  |
| <del></del>  | ACCOU   | NTING CLASSIFICATION (A  | Appropriation Symb   | ool must be sh  | own; oth           | er classifica          | tion option                          | nal)                     | <del></del> |         |  |
|  |   |  |  |                 |                    |                        |                                      |                          |             |         |  |
|  |   | - ST   | ATINTL   |                 |                    |                        |                                      |                          |             |         |  |
| A TOTAL  | UTNO OMETO  | 100  |  |                 |                    |                        |                                      |                          |             |         |  |
| APPRO  | VING OFFIC  | En /)  |  |                 |                    |                        |                                      |                          |             |         |  |
|  |   |  | •  |                 |                    |                        |                                      |                          |             |         |  |
| . *  |   |  |  |                 |                    |                        |                                      |                          | •           |         |  |
|  |   |  |  |                 |                    |                        |                                      |                          |             |         |  |
| (0)  | No.   | datad  | dated, 19, for \$  |                 |                    |                        | on Treasurer of the United States in |                          |             |         |  |
| Paid by {  | No  |  | , 19,  |                 |                    |                        | favor of payee named above.          |                          |             |         |  |
| Cash, \$   |   |  |  |                 |                    |                        | Sign origina                         | only)                    |             |         |  |
| * When a voucher<br>writing the compan   | r is signed or receipte<br>y or corporate name,   | ed in the name of a company or of as well as the canacity in which he Secretary", or "Treasurer", as to the secretary of the second will sign on the line below "App | corporation, the name<br>le signs, must appear.<br>the case may be | For example:    | Per                |                        |                                      |                          |             |         |  |
|  | av. 1831 JUHN DIHILL  | MOOLUBER TO TIONSHEET 1 MD   |  |                 |                    |                        |                                      |                          |             |         |  |

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